

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010279

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 103

FILED MAR 6 1962

## 1. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Jefferson CityLength of stay in 1b  
17 yrs.c. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Memorial HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Colec. CITY  
OR TOWN Jefferson CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
1834 Tanner Bridge RoadReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Sidney Raymond Ayres4. DATE OF DEATH  
Month Day Year  
March 2, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Aug. 27, 1902 59 yrs.

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Interviewer

## 10b. KIND OF BUSINESS OR INDUSTRY

Unemployment,  
St. Div. of

## 11. BIRTHPLACE (City and state or country)

Old Linn Creek, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Sidney W. Ayres

## 13b. MOTHER'S MAIDEN NAME

Mirtie Russell

## 14. NAME OF HUSBAND OR WIFE

Irene C. Ayres

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes Army

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Irene C. Ayres, Jefferson City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

IRREVERSIBLE SHOCK

## INTERVAL BETWEEN ONSET AND DEATH

12 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

BLEEDING DUODENAL AND GASTRIC ULCER72 Hours

## DUE TO (c)

PROLONGED PREDNISOLONE ADMINISTRATION3 1/2 YRS.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE AND CHR. RHEUMATOID ARTHRITIS; ARTERIOSCLEROSIS; DIABETES MELLITUS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1954 to MARCH 2, 1962 and last saw him alive on MARCH 2, 1962  
Death occurred at 520 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Donald Skell, M.D.

## 22b. ADDRESS

521 E. High, Jefferson City, Mo.

## 22c. DATE SIGNED

Mar. 3, '62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-4-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Versailles Cemetery

## 23d. LOCATION (City, town, or county)

Versailles, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Gideon N. Houser, Jefferson City, Mo.

## 25. DATE RECD. BY LOCAL REG.

3 March 1962

## 26. REGISTRAR'S SIGNATURE

R.D. Davis, M.D. - Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/590269026934 05 167 08 19 722.0101112 3-013 1-0

VS MAR 6 1962

VS MAR 21 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gideon M. Houser

Licensed Embalmer No. 4579  
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.